

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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TO BE OR NOT TO BE

In spite of the uncertainties that cloud the future of medical practice, there is no present decrease in the number of applicants for admission to medical schools. In fact, the dean of one of our good Massachusetts schools stated that now the problem of selection of the deserving individuals from so large a number of students is tougher than ever. The followers of Aesculapius who are getting out toward the end of their respective limbs, can testify that their own admissions to the coveted precincts were much less difficult. One of us even found himself welcome in another good Massachusetts school in spite of the lack of a credit in Organic Chemistry that a last minute choice of profession precluded. The fact that this subject was added to his regular first year schedule of anatomy, histology and numerous other logies to the peril of the prospect, doubtless accounts for some of the peculiarities that crop out from time to time on the editorial page. But he was not dropped, thanks to the patience and forbearance of an understanding faculty, (bless them,—after thirty years and more!)

The very number of the candidates requires that the first step in selection shall be based on scholastic standing. No more than the upper ten percent can be accommodated, because of the limitation of physical accommodations, clinical material and the dearth of competent instructors.

Hence, only the naturally brilliant students can enter medical schools, or those who have been fortunate enough to choose their objective early and have learned how to apply themselves to attaining the desired end.

But if the deans and committees on admission were moved by no other consideration, the graduates of medical schools would be the men best equipped to continue the advance of medical theory and research rather than to take over the essential work of the general practice of medicine in the modern manner. Good practitioners are not merely high-standard scholars. They must know the foibles of their fellow men from personal contact, whether in athletic competition or other pursuits that are not frequented by scholars per se. Above all, they must be moved by a sacrificial will to serve, and a desire to serve acceptably—a good motive for any vocation.

So when you write to the dean recommending the son or daughter of a friend or a patient as a good prospect, worthy of especial consideration, remember the hard facts that will condition current admissions to medical school. Remember that deans become fatigued like other human beings, and accept his stereotyped reply with good grace. Perhaps you can help both him and the candidate by persuading the latter to take up plumbing or masonry.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
—Hippocrates, 430 B.C.

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Editor's Note

We are glad from time to time to publish examples of the vanishing art of letter writing. The present specimen is remarkable not so much for the contents, perhaps, as for the evident spirit of warmth and goodwill. This tenor may be due to the interposition of 3000 miles and the arrival at the Sunset State, both chronological and geographical. This should offer encouragement to the young practitioners about to set out on that long, long trail that may be made easier than George's was by government subsidy. Of course, the Hippocrat must not be held responsible for any of the facts or sentiments therein expressed, (nor those overlooked!)

Dear Hippocrat:

The trip across country was all we expected and our stay (in California before "winter" set in) here at my brother's ranch is a continual source of pleasure and delight. The train was a beauty. From

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Dodge City on we sat mostly in the observation car at the end of the train. We met a cattle man who had travelled from Texas to Montana and from Chicago to California for years. As we were going along—and many times directly on the old Santa Fe Trail,—he told us of the country, pointing out interesting, historic areas, and the cattle, horse and sheep ranches numbering thousands of animals on each; also, the fields of grain, hay and alfalfa, great prairies, deserts, level for miles; hills, mountains, valleys, canyons, etc., Illinois, Missouri, Kansas, Colorado, New Mexico, Arizona and finally California via Needles. (The camel made it at last!)

A two car diesel engine did all the work, going 100 miles per hour or just crawling along through tunnels and over mountain passes. We had the good fortune to get a compartment on the Superchief that left Chicago at 7 A.M. Monday and landed us in San Bernardino at 7 A.M. Wednesday! What a ride! The all-Pullman train sported a barber shop, a beauty parlor and bath room; a buffet lounge for the drinking type (*sic et hic*); a lovely observation and (*ditto*) dining car. Our room had two beds, upholstered chairs, closets for clothes, a flush toilet, wash-stand and even a radio with five stations, news, lectures, sporty and classical music, etc. The train rode finely and we had good sleeps (but not with Greer Garson or Betty Grable admittedly!)

To cap the climax, my brother met us at the station with a new car. We drove nine miles to Mission Inn for breakfast and then 75 miles through the Laguna Range on the Western slopes of the High Sierras to Escondido up in the mountains. Well, I'm living the life of Reilly *these

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days. Wish me luck and God bless you all. Take care of the patients and yourselves and write to me—Route 1, Box 434-E, Escondido, California, "Circle Eight," on Rancho La Cresta.

George Dallas Henderson, M.D.

*No reflection on Thomas F.

BY THEIR ACTS

The medical profession and Mr. Ewing agree that we must strive continually for better health. They definitely disagree in some of the ways of attaining this. In the free enterprise system, let us be reminded of four or five ventures in America, as listed below.

CANCER

The American Cancer Society, Massachusetts Division (462 Boylston Street, Boston, Mass.) collected \$210,000—last year from those who could give and wanted to. Because of the research facilities in Massachusetts, the National Cancer Society sent to Massachusetts \$450,000—. None of this came out of tax money. Much of the research, treatment, and care was rendered by volunteers and institutions already set up, which would cost the taxpayers great quantities of money if run from Washington.

It is said that \$16,000,000 could be used in Massachusetts for this work each year. Would it not be better to keep volunteer spirit and free enterprise going and let the U. S. Public Health Service allocate some or all of the difference up to the \$16,000,000 need as a grant? This would be the American way rather than by centralized dictation of a Super State. Then when the problem is solved, no bureau would remain to be demolished!

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DIABETES

The increase in diabetes has been phenomenal during the past 25 years and the discovery that arteriosclerosis appears much earlier in the diabetic than nondiabetic, causing early deaths or prolonged invalidism, is a definite challenge to the whole medical profession.

This challenge has been met in part by the American Diabetes Association which sponsored Diabetes Week, the beginning of a drive to educate the public as to the importance of detecting the disease early. The Association also carries on a campaign of education in the publication of a magazine called Forecast, containing articles written for the diabetic, which will keep him up to date concerning his disease. Every diabetic should be a subscriber (\$2.00 per year), and every doctor should have a copy of Forecast on his table. Incidentally every general practitioner would find it to his advantage to become a member of the American Diabetes Association. Local diabetes associations are being organized throughout the various states to increase our medical awareness of the fact that to improve the mortality and disability from this disease is the doctors' responsibility.

Our profession has long been accused of doing little for the prevention of chronic disease and there is a measure of justice in this criticism. We never attempted to push the idea of See Your Doctor Every Six Months, which the dentist has found so successful, and for this reason little of our time has been given to warning patients of dangers ahead either from the family history or trends observable in the individual makeup. For example the mere fact of looking for diabetes, of discovering early cases in time to check their

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progress, will effect a sharp reduction in the rate of increase of this disease, and its serious complications.

We must accept the fact that the threat of socialized medicine is largely due to the startling increase in chronic disease and the revolt of the people at the piling up of sickness costs.

E. O. Dubois M.D.

RHEUMATISM

Adequate facilities for the care and treatment of rheumatic patients in the United States are almost negligible, consisting of \$200,000 for care and research, and only two hundred free beds in the entire country. To help remedy this situation and to help the seven million sufferers of rheumatic disease, the Arthritis and Rheumatism Foundation was recently formed to raise two million dollars, one half of which is to be used for research. Although this is a mere drop in the bucket compared to other drives, it will be a start for better treatment of the chronic diseases, of which rheumatism is the number one on the list after mental disease.

The establishment of the foundation was at the suggestion of the American Rheumatism Society composed of some four hundred physicians in the United States. The money used to combat rheumatic disease will not come from tax money and the research will not be hampered by governmental bureaus. This is another excellent argument against socialized medicine. Doctors and unselfish citizens know the better way.

Editor's note: We all know that there are many rheumatic patients in need of hospitalization and long-term supervision in their homes. For this work such funds are quite necessary. But we must direct attention to the splendid National Insti-

tutes of Health that have been set up in Bethesda, Maryland, under the sponsorship of the U. S. Public Health Service. They are free from political influence and are subsidizing research in numerous medical schools and hospitals not only in the U. S. but in Canada and overseas, in fact wherever there is need for aid in worthy projects to solve problems in rheumatic conditions, in Mental health, communicable diseases, cancer and nutrition. Our own Paul Dudley White has been called to part-time supervision of the work in rheumatic heart disease. Your editor saw the excavation for a large hospital close to the other five buildings that is planned to accommodate patients under observation in these various fields. He also would like to state that there are a number of research scholarships available for medical graduates who are interested. Inquiries should be addressed to Dr. R. E. Dyer, Director, National Institutes of Health, Bethesda, Maryland. The Director furnished us with the following apt quotation:

"Men who are occupied in the restoration of health to other men, by joint exertion of skill and humanity are above all, the great of the earth. They even partake of the divinity, since to preserve and renew is almost as noble as to create."—Voltaire.

J. Graham Bruce, M.D.

HEART DISEASE

Last year for the first time the American Heart Association campaigned for funds to develop a program of scientific research, education, and community service in an effort to cope with the tremendous health problem of heart disease. The response of the public was fairly good,

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considering that this was the first major effort to secure public voluntary support of their financial drive.

This year, the American Heart Association expects the public's response to their appeal will be more gratifying because of increased attention focused on the problem of heart disease. It has been impressed on listeners and readers by constant repetition that heart disease is responsible for one out of every three deaths, and that definite programs must be carried on to promote understanding of rheumatic fever and rheumatic heart disease in communities throughout the United States. Seventy percent of the national goal will be used by affiliated local heart associations to maintain and expand the vital services rendered in their community. The local affiliates act with the American Heart Association in providing the medical and allied professions with latest scientific knowledge, and in educating the community in the vital facts concerning diseases of the heart and blood vessels. The study of cardiac employment, rehabilitation programs, case findings, and diagnostic services are included in their program.

This year the amount of money sought is 5,000,000 dollars. It is hoped that the aroused interest of the public will cause the sum collected to be greater than the goal set. Probably just as important as achieving a definite fund for expansion for the heart program is the renewed attention, the awakened interest, and the information furnished by the campaign, more valuable indeed if procured through the use of much greater Federal funds.

George L. Steele, M.D.

CHRIPPLED CHILDREN

In reply to your question as to whether care for the crippled child is available in Springfield I would answer emphatically 'yes, it most certainly is'.

First there are a goodly number of competent, well trained, orthopedic specialists who are available for complete treatment of those in the economically overprivileged group, or for initial examination and evaluation in those less favorably financially situated. Knowing these men well, I am sure that those parents who could not carry the burden of the expensive and long continued care so often required would be directed to one of the other available community resources.

Many of the cases can be suitably cared for in the Orthopedic Services of our local general hospitals, but when even this is a financial difficulty, or when there are more ancillary services required there is the Cerebral Palsy Training Center supported by the Bay State Society for Crippled Children and Adults, and the Clinic held by state services for crippled children under the Massachusetts Department of Public Health. The recommendation of any practicing physician is all that is required for initial examination in either of these services. Treatment on a daily outpatient basis in suitable cases of cerebral palsy is carried on at the training center. At the State Clinic, which is held monthly, a treatment program is carried out for any individual up to 21 years of age after investigation by a trained social worker. When possible partial payment may be made by parents for apparatus or hospitalization.

The local chapter of the National Foundation for Infantile Paralysis under the direction of Postmaster Ashe can be

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called upon to defray the costs of therapy for the victims of this disease both in the acute and in the residual stages. Skilled physiotherapy is available in the home through the assistance of the Visiting Nurse Association.

Finally, there is the Shriner's Hospital. It does not become one to dwell on the quality of the services available here, but I merely emphasize that any child under 14 years of age, of normal mentality, suffering from an orthopedic difficulty capable of improvement and whose parents cannot afford treatment, can receive here complete care on an in-patient or on an out-patient basis at no cost whatsoever. This includes not only surgical and medical care, nursing, physiotherapy and occupational therapy, but also medication, and apparatus. For admission sponsorship by any member of the Shrine organization is necessary. This sponsor investigates and reports on the family economic situation, and this report is acted on by the Board of Governors of the local hospital. A separate statement and report of the family doctor is also required. About 10% of our 12,000 children have been residents of Springfield.

In Springfield, we are indeed fortunate in our facilities for caring for the crippled child. Failure to attain adequate care is due to fear, ignorance, prejudice, and poor judgment on the part of parents, and insufficient skill and wisdom on the part of the doctors.

G. DeN. Hough, M.D.

CHRONIC DISEASE

Chronic disease which is said to claim two-thirds of a million deaths in America each year is being well coped with in Springfield and the surrounding towns by means of the contemplated construc-

tion of the \$6,000,000 chronic hospital in Springfield. A survey by local doctors show that 225,000 people in the area will need 900 beds, at four beds per one thousand which is a low figure according to national standards for hospital and domiciliary care for chronic disease. With the possibility of about 300 beds being furnished by nursing homes and boarding house care, a 600-bed institution should take care of the problem at the moment. However, this problem will become more demanding as the percentage of the population continues to be in the older age group and also by virtue of the fact that the study of heart disease, rheumatism, diabetes etc. will accentuate better care for the chronically ill and make the demand for their institutional care rise above the four per one thousand population as indicated. Four per one thousand population is not a high percentage when it is admitted that 177 people out of every thousand in the United States have a chronic disease. It is easy to see that most of this need, that is, 173 out of one thousand people are and will be taken care of in private practice and clinics for the ambulatory.

Dr. Merrill, superintendent of St. Barnabas Hospital in New York, a pioneer in progressive thinking for the chronically ill, is expected to be the consultant for this project. A firm of Boston architects has been working six months on the plot plan and now ready to proceed with working drawings. It is expected that ground may be broken this mid-summer and a year or more will be necessary for building.

The present City Infirmary of Springfield which has 126 patients, not domiciliary, has changed its medical direction from a single city physician being respon-

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sible for this work, to the establishment of six two-month medical services. One of these two months services was started on January 1, 1949 and tremendous strides have already been made in the comprehensive care of the patients. Physio-therapy will be started next month, a dietician is in the process of being employed, medical records have been completely transformed in keeping with national hospital standards, laboratory work has been going on now for a month, two six-month pathological services have been established, and consultants have been appointed in the several necessary fields as the visiting physicians find the need. Too much praise cannot be given to the young internists who have instituted modern care in non-prepossessive surroundings. The nursing staff has responded to this increase of incentive and work, and it is expected that the succeeding services which will be manned by the same type of young enthusiastic medical men will continue at this level. The Gallupe plan which has been so much talked about by the Massachusetts Medical Society and so little done about, is already in operation in this institution. Four physicians, each invited by one of the visiting physicians at this institution, make rounds and perform the necessary adjunct services at this hospital every day. As time goes on it is expected that other men will fall into the Gallupe plan and in time all of the eligible doctors will have had a chance to be a part of the care of the great variety of medical pathology found in this institution. The trustees take the position that this is not a private institution but a public institution and as such it has three functions: (1) to serve the people, (2) to have some regard for the taxpayers who are the corporation, and (3) to extend services as far as possible to every doctor who cannot get them elsewhere and can conform to the

situation.

The nursing care at the present time is divided between graduates and practical nurses. When the new hospital is built it will be necessary to staff it on the nursing side and probably a convalescent hospital is best suited of any for the use of licensed attendant nurses. It is planned to shortly start a training school for them with a course of fifteen months' duration. About half of the course will constitute so-called book learning and other teaching which the Springfield Trade High School, about one hundred yards away, is equipped to give. This in itself makes for a fortunate considerably less than graduate nurses have to be licensed by the State, but if and when it is instituted these girls who only need an eighth grade education to enter with the upper age limitation of 35, will be able to do a greater amount of their type of nursing at a cost to the city considerably less than graduate nurses would expect to be paid. Not only is this last a factor but it would be highly unfair for the hospital to compete with the general hospitals in the area for the services of graduate nurses. These hospitals, privately owned, have great difficulty in meeting their budgets we are told, but this hospital if it is going to run must be supported by the taxpayers and such necessary funds as are needed must be supplied. The trustees of this institution are determined to take no unfair advantage of the hospitals where they themselves have spent thirty or more years of their lives.

If the Federal Government can handle this particular problem of the chronically ill any better than Springfield is handling it the writer would like to know by what means they would do it. One wonders if it is not fair to state at this point that the original bill 725 for hospital construction

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left the impression that for every two dollars a local community paid towards hospital construction for an accepted institution, the Federal Government would pay one dollar. Due to the inadequacy of funds the Springfield Municipal Hospital will be lucky to get one dollar for every twenty-two dollars put in by the local taxpayers. If the Federal Government can first adjust its finances to meet the implied promises of local communities, of one dollar for two, then and only then might the confidence of the community be established for the Federal Government further delving into the field of medical care. It is hoped that this institution can be built and equipped for about \$10,000 a bed. Many of the government hospitals cost from \$23,000 to \$25,000 a bed to construct and some of these we believe to be in areas which do not have to be constructed to withstand weather changes such as New England has. To those who would feel that the evolution in the care of the sick is not moving at a rapid pace we

would recommend a further investigation of what is contemplated for the chronically ill, the diabetic, the cripple, the heart case, and the rheumatic, as described in the above articles.

At the Annual Meeting of the Massachusetts Medical Society in Worcester, Massachusetts, there will be a booth demonstrating what Springfield is doing with this chronic hospital.

The 915th Mobile Army Surgical Hospital has been recently activated in this area. Organization of the staff of this hospital is now in progress. All physicians who are interested in joining the hospital staff are invited to communicate their inquiries to the Headquarters Organized Reserve Corps, 145 Chestnut Street, Springfield, Mass.

Meetings of the Unit are held one evening a month.

Morris L. Grover, M.D.
4 Chestnut St.,
Springfield, Mass.